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PTO/SB/21 (05-03)

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			-	Application Number	10/611,824
75 411011-1-1				Filing Date	June 30, 2003
TRANSMITTAL FORM			-	First Named Inventor	ALLEN, JOHN J.
				Group Art Unit	1723
(to be used for all correspondence after initial filing)			tial filing)	Examiner Name	KIM, SUN U.
Total Number of Pages in This Submission 11			on 11	Attorney Docket Number	LIFE-096CON4
ENCLOSURES (check all that apply)					
	Extension of T Express Abance Information Dist Certified Copy Documents Response to M Incomplete Ap	ched Reply al s/declaration(s) ime Requested donment Request sclosure Statement of Priority Missing Parts/ plication se to Missing Parts	Assign (for an Drawir D	ament Papers Application) ag(s) ing-related Papers n n to Convert to a ional Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Postcard
under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Signing Attorney/Agent (Reg. No.) Signature CAROL M. LASALL BOZICEVIC, FIELD					
Date April 11, 2005		April 11, 2005			

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE he Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/611,824 Application Number FEE TRANSMITTAL June 30, 2003 Filing Date First Named Inventor ALLEN, JOHN J. For FY 2005 KIM, SUN U. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1723 TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. LIFE-096CON4 METHOD OF PAYMENT (check all that apply) Credit Card | Money Order None Check Other (please identify): Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) <u>Fee (\$)</u> Utility 300 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 Reissue 150 250 600 300 **Provisional** 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee Description <u>Fee (\$)</u> Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 360 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: One month extension of time Fee 120.00 SUBMITTED BY Registration No. Signature Telephone (650) 327-3400

(Attorney/Agent) 39,740 Name (Print/Type) Carol M. LaSalle Date 04/11/2005

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